

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/21/2010
NAME OF PROVIDER OR SUPPLIER COLONIAL HILLS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD MARYVILLE, TN 37803	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to resolve a grievance for one resident of (#6) of six residents reviewed.</p> <p>The findings included:</p> <p>Resident #6 was readmitted to the facility on April 5, 2009, with diagnoses including Dementia, and Hypertension.</p> <p>Medical record review of the Minimum Data Set dated January 14, 2010, revealed the resident had short term memory impairment and modified independence for daily decision making skills. Review of the resident counsel minutes from October 2009, through March 2010, revealed call light response time was reported as a problem in October, 2009, December 2009, and January 2010.</p> <p>Review of the February 2010 family counsel minutes revealed concerns regarding call light response time.</p> <p>Observation on April 19, 2010, from 9:00 a.m. to 10:15 a.m. revealed the call lights were answered timely.</p> <p>Interview with the resident counsel president on April 19, 2010, at 3:30 p.m, in the dining room revealed the call light response time has improved some.</p>	F 166	<p>This Plan of Correction is the facility's credible allegation of compliance.</p> <p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p> <p>Right To Prompt Efforts To Resolve Grievances</p> <p>Residents concerns about call lights are being addressed on an individual basis.</p> <p>Residents using call lights have the potential to be affected.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 166	Continued From page 1 Interview with resident #6 on April 19, 2010, at 3:30 p.m. in the resident's room confirmed the call lights are not answered timely. Telephone interview with the Director of Nursing on April 21, 2010, at 1:40 p.m., confirmed were aware of the problem with call light response time. Continued interview confirmed the staff were last in-serviced on April 14, 2010 on call light response time, the facility is continuing to complete weekly audits by department heads. c/o TN00024811, TN00025376, TN00025370	F 166	Residents and families are encouraged to use the facility's Concern and Comment Cards to advise the facility of call light issues. Call light audits and Concern and Comment Cards will be reported to the Performance Improvement Committee (Executive Director, Director of Nursing, Medical Director, Rehab Manager, Director of Social Services, Activity Director, Dietary Manger, Medical Records, and Pharmacy Consultant), for six months. Develop/Implement Abuse/Neglect Policies After investigation, if the origin of an injury is unknown, it will be reported to the State Agency. Any future injury of unknown origin after a thorough investigation will be reported to the State Agency.	5/5/2010	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to report an injury on unknown origin for one resident (#2) of six residents reviewed. The findings included: Resident #2 was admitted to the facility on April 13, 2007, with diagnoses including Psychosis, Depression, and Convulsions. Medical record review of the Nurse's note dated February 5, 2010, revealed "resident is noted to have a dark purple bruise on top of right hand ..." Medical record review of the facility documentation dated February 5, 2010, revealed the staff were interviewed and deny any	F 226			

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F 226	Continued From page 2 knowledge of any incident and the origin of the bruise is unknown. Interview with the Director of Nursing on April 19, 2010, at 1:30 p.m., in the conference room, confirmed a bruise was noted on February 5, 2010, the origin of the bruise is unknown and the injury of unknown origin was not reported to the State Agency.	F 226	Monday through Friday, by the Events Interdisciplinary Team. If the event is of unknown cause it will be reported to the State Agency. Any reportable event will be reported to the Performance Improvement Committee monthly. (Executive Director, Director of Nursing, Medical Director, Rehab Manager, Director of Social Services, Activity Director, Dietary Manger, Medical Records, and Pharmacy Consultant), monthly.		
F 514 SS=D	c/o TN00025376 483.75(I)(1) RES RECORDS-COMplete/ACCURate/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to maintain complete medical records for three residents (#1, #4, #3) of six sampled residents. The findings included: Resident #1 was admitted to the facility on September 28, 2009, with diagnoses including	F 514	Records-Complete Accurate/Accessible Beginning on April 13, Nursing Administration reviews MARs and TARs daily, Monday through Friday, for completeness. Any omissions are noted and corrected in a timely fashion. All residents' MARs and TARs are reviewed daily.		<i>5/24/2010</i>

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F 514	<p>Continued From page 3</p> <p>Pancreatitis, Diabetes, and End Stage Renal Disease and was discharged from the facility to home on October 26, 2009.</p> <p>Medical record review of the Physician's order dated October 9, 2009, revealed " ...Flush PICC (intravenous Catheter) line (with) 10 ml (milliliters) o saline per each lumen q (every) 12 (hours) (and) PRN (as needed) followed by 1 ml of heparin flush per each lumen. (change picc line (dressing) q (every) week and prn"</p> <p>Medical record review of the Medication Administration Record for the month of October 2009, revealed no documentation the PICC line was flushed on October 10, 11, 17, 25, 2009. Continued review revealed the PICC line was documented as flushed one time on October 13, 24, 2009.</p> <p>Medical record review of the treatment record for October 2009 revealed the only documented dressing change was October 24, 2009.</p> <p>Interview with the Director of Nursing on April 19, 2010, at 1:00 p.m., in the conference room, confirmed the above findings and confirmed the medical record was incomplete.</p> <p>Resident #4 was admitted to the facility on May 21, 2009, with diagnoses including Psychosis, Dementia, Hypertension, and Osteoporosis.</p> <p>Medical record review of the Physician order dated March 15, 2010, revealed " ... brush teeth twice a day ..."</p> <p>Medical record review of the daily care flow report from March 15, 2010, through March 31,</p>	F 514	<p>All residents' MARs and TARs are reviewed daily and corrected timely. If the deficient practice continues, the nurse will be counseled. Results of these daily audits will be reported to the Performance Improvement Committee monthly (Executive Director, Director of Nursing, Medical Director, Rehab Manager, Director of Social Services, Activity Director, Dietary Manger, Medical Records, and Pharmacy Consultant).</p>		5/7/2010

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F 514	<p>Continued From page 4</p> <p>2010, revealed no documentation the resident received oral care on March 18, 20, 24, 25, 2010. Medical record review of the daily care flow sheet for April 1, 2010, through April 19, 2010, revealed no documented oral care on April 3, 4, 18, 2010.</p> <p>Observation on April 19, 2010, at 8:30 a.m., revealed the resident was being prepared for shower per staff. Observation on April 19, 2010, at 11:00 a.m., revealed the resident seated in geri-chair clean and well groomed.</p> <p>Interview with the Director of Nursing on April 19, 2010, at 1:00 p.m., in the conference room, confirmed the above findings and confirmed the medical record was incomplete.</p> <p>Resident #3 was admitted to the facility on February 5, 2010, with diagnoses including Dementia and Psychosis and discharge from the facility to an Assisted Living Facility on April 9, 2010.</p> <p>Medical record review of the Physician order dated March 15, 2010 revealed "honey thick shake (with) hydration cart and hs snack. Medical record review of the Physician order dated March 23, 2010, revealed "mighty shake (honey thick) at hydration pass"</p> <p>Medical record review of the hydration pass record revealed no documentation the resident received the honey thick milk shake with hydration pass after March 13, 2010.</p> <p>Medical record review of the Dietary note dated March 30, 2010, revealed "wt 182, an overall increase 6 lbs x 1 wk (week)... dc (discontinue) mighty shakes at hs(hour sleep) snack..."</p>	F 514			

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F 514	Continued From page 5 Telephone interview with the Director of Nursing on April 21, 2010, at 3:00 p.m., confirmed the above findings and confirmed the medical record was incomplete. c/o TN00025370, TN00024811, TN00025371	F 514			

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